State of South Dakota

Candidates and candidate committees: File in the office where you filed your nominating petition.

DEC 2 2 2004

Candidate's or Committee's Report of Receipts and Expenditures RECEIVED

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070 S.D. SEC. OF STATE See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee Complete Mailing Address 1,2 Daytime Phone Number 334-1207 Name of Person Making Report If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT ____(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Candidate Signature or Signature of Committee Treasurer or Chairperson

Revised July 2001

iled this 22 rd day of December 2004 Chris Melson

Appendix B

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Name of Candidate or Committee Pau R. Juenn State Enak dist	75.				
For the reporting period ending /272-04					
Schedule A – Direct Contributions This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may					

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from I	ndividuais:		*\$ <u> </u>
Itemized Contributions from Indi	ividuals		
Name	Residence Address	Place of Employment (Name of Employer)	<u> </u>
Sonator Machan	Begid Gitt	State Senetar	s 50.05
Ful Sorband	Walden Co.	16 Pastor	\$ Ma. 98
BAFARD HECKIN	13 Victorson Et Kingy	Pastor	s <i>"lage</i>
Republican Porty	Minnehaha		\$ 300.00
Minnehola Lincoln	Red Warner	2127 S. Mina Sut. 201	\$ 125
JO State Rap Port		Perce SO	\$ 2000
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Total of Itemized Contributions f	from Individuals:		1 1000

	15 -	Appendix B
Name of Candidate or Committee Ta	w Luensan	
For the reporting period ending //-	02-04	
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Schedule A –	Direct Contributions (continued)	
Unitemized Contributions from Political Parties:		*\$ <i>O</i>
Itemized Contributions from Political Parties		
Party Name	Address	7- 40
State Kep Pacty	Pierre SP	\$ 251
Minnohaha hand Woman.	2127. S. Monn.	125,00
Lincoln	Signit Falls 50	
Minch ha hop Parts	5 Minn	200.00
· · · · · · · · ·		
		J \$
Total of Itemized Contributions from Political Pa	arties:	*\$ 675
Itemized Contributions from Political Action Con PAC Name	mmittees (PAC's) - All contributions from PAC's mu Address	st be itemized.
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Total of Itemized Contributions from Political A	ction Committees:	
		11/10
Total of All Direct Contributions (Sum of all lin	es with an *)	\$ 6/3

For the reporting period ending:	1-2-04	
Schedule	B - Fund-Raising Events Proceeds	
ist on this schedule fund-raising events held to	raise money for the candidate and the net proceeds derived	from each event. If a
	bution results in their aggregate being more than \$100 in th	e calendar year, those
contributions must be itemized on Schedule A.		
Type or Name of Event		Net Proceeds
Type of Treate of Arreit		Nettroccus
	h / _	
	1100	
		
Total:		
Sche	dule C - In Kind Contributions	
·= -	ervices and the estimated fair market value. If the value exc	ceeds \$100, the name of
contributor, residence address and place of emp	loyment must be reported.	ι
		1
Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Nature of Non-Cash Conti Button	Trace of Embroyment	Estimated Value
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	More	
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Fotal:		
1	Schedule D - Other Income	
Use this schedule to report any refunds, interest	earned or other income which is not a direct contribution.	•
O		1
Source of Income		Amount
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Total		

Name of Candidate or Committee:

•	,		Appendix			
Name of Candida	te or Committee:	fau Dwenson State	Senate district #			
For the reporting	period ending:	11-02-64	district #			
		Schedule E – Expenditures				
This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.						
Evr	penses	Contributions Made to Candidates a	nd Committees			
Item	Amount	Name of Candidate or Committee	Amount			
Advertising	DS0 03_	-Web Site				
Consulting	7	1 31,7				
Postage						
Printing	4050					
Rent						
Salaries						
Telephone						
Travel - Gas.	4600					
Utilities	70.					
List other expense items below	List other expense amounts below					
		·				
		<u> </u>				
						
						

909.00

Total Expenditures:

wed to:	Purpose:	Amount
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Name of Candidate or Committee:

For the reporting period ending:___

	the reporting period ending:	02-84	
1		Summary Page	
This from	s summary sheet will give a brief outline of all cam in the schedules previously completed.	paign finance activity during this reporting period. Ple	ease transfer all totals
1.	Amount on hand, if any, at the beginning	of the reporting period:	\$
2.	Receipts	AO - 4	
	Schedule A - Direct Contributions	\$ <u>745.</u>	
	Schedule B - Fund-Raising Events	\$	
	Schedule C - In Kind Contributions	\$	
	Schedule D - Other Income	\$	
	Total of all Receipts	\$	9 C '
3.	Total Monetary Receipts (A+B+D)		\$ 745
4.	Candidate's Personal Contribution to Ow	n Campaign	\$ 164.60
5.	Monetary Loans to Candidate or Commit	ttee During Reporting Period	\$
6.	Monetary Loans Repaid During Reporting	g Period	\$
7.	Expenditures - Schedule E		\$ 909.
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this repo This should equal lines (1+3+4+5) - (6+		<u>\$</u>

Invoice No.

Misc

3245

Lehman Specialty Company PO Box 604 Flatonia, TX 78941 630-740-2942

Customer

INVOICE

Name	Swenson for SD State Senate				Date	9/21/2004	
Address	2108 W 16th Street				Order No.	-	
City	Sioux Falls	State SD	ZIP 57104		Rep		
Phone	605-977-1512				FOB		
Qty		Description	on		Unit Price	i	TOTAL.
1	Street Guide for Distr				\$ 100.00		100.00
1	Web Site Layout & D	esign www.swenson	forSDSenate.net		\$ 250.00		250.00
1	Updates to Web site				\$ 100.00		100.00
4500	Two Color Double Side	ded Door Knockers			\$ 0.09	\$	405.00
					SubTotal Shipping	\$ \$	855.00 28.00
Payment	Cash			Tax Rate(s)			
	_		}				
Comments		1,50			TOTAL	\$	883.00
Name		4 · 6 ·		process services			
Expires		20 - Way					
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